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|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
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|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

## APPLICANTS

Howard Martin, Rockville, MD;

## \*\* CONTINUING DATA \*\*\*\*\*

None *Cole*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None *Cole*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 06/24/2004

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>MD | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>16 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature <i>Lee</i> Initials <i>12/12/05</i>   |                           |                        |                       |                            |

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## TITLE

Combination dental mirror and measurement gauge

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|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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